Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

3-19-08 Date: Address: PO 08-030 D Case #: County: 100 S€**Y** CO. Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Operational Lab Residence Hotel/Motel Chemical/Glassware/Equipment (only) Outbuilding Den – No Structure Dumpsite (only) Vehicle Other: Items Found (check all that apply) Child under age 18 discovered (check one) Lithium/Ammonia Reaction(s) (number present) Red Phosphorous/Iodine Reaction(s) Flammable Solvents *If yes, fax report to Child Protective Services Water Reactive Metal (Lithium) Anhydrous Ammonia X Hydrochloric Acid Gas Generator(s) $q_{\gamma\gamma}$. Corrosive Acid Corrosive Base Other: Tubruce (* 4 LON This report is to be faxed to the following agencies that serve the location: Fire Department Fax (\$12) Health Department. Fax(812) 838-8561 Child Protective Services Department: For further information regarding this methamphetamine laboratory, contact the investigating officer listed below. Investigating Officer:

This form is to be faxed to the Fire Department, Hould Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.